

**Portland Pediatric Group, LLP**

1700 Hudson Ave.  
Rochester, New York 14617

**ACKNOWLEDGEMENT OF  
RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, hereby acknowledge that I reviewed /  
received a copy of the Portland Pediatric Group, LLP, Notice of Privacy Practices.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Patient's Representative

\_\_\_\_\_  
Description of Representative's Authority

Childrens names and DOB below

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